07-22-05



PART B 4 FEE(S) TRANSMITTAL



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7/7	25/2005 HDEMESS2 00000	003 10681536	JUL 2	2 A 200r	<u>\$\frac{1}{2}</u>		(Depositor's name)	
)1)2	FC:2501 700.00 OP FC:1504 300.00 OP		ATTENTION	2005 			(Signature) (Date)	
ſ	APPLICATION NO.	FILING DATE	PAL.	NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
١	10/681,536 10/07/2003			Rainer K. Schmid		032004-007	7472	
ſ								
1	APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$700	l	\$300	\$1000	07/20/2005	
4	EXAMINER		ART UN	IIT	CLASS-SUBCLASS			
	MOHANDESI, JILA M		3728		036-027000			
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) a data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.			
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-	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s)					<u> </u>		
	Issue Fee			X A check	in the amount of the fee(s) is e	nclosed.		
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i	Authorized Signature Jumes W. Peluson					111.20 20	25	
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